Washington, D.C. 20231

MAILING INSTRUCTIONS: THE MAILING WEST TRUCTIONS: THE MAILING WEST TRUCTIONS WEST Through a should be completed where appropriate. All thrift corresponding including the Issue Fe Roody, the Patient, advance orders and notification of maintenance fees will be mailed to the current corresponding address as indicated unless corrected below or directed otherwise in Block 1, by (a) spicifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee modifications.

CLASS-SUBCLASS

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

HM22/0322

HAMILTON BROOK SMITH & REYNOLDS 2 MILITIA DRIVE LEXINGTON MA 02173

Note: The certificate of mailing below can only be used for domestic mailings of the issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formel drawing, must have to own certificate of mailing.

Certificate of Mailing

FEE DUE

DATE DUE

Christina McSweeney

SMALL ENTITY

I hereby certify that this issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mall in an envelope addressed to the Box issue Fee address above on the date indicated below.

				Ch.	hustina naweeners (Signacure)		
				5/16	5/01	0	(Date)
AF	PPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMI	NER AND GROUP ART UNIT		DATE MAILED
•	09/133,119	08/12/98	004	CANELLA,	κ .	1642	03/22/0
First Name Applicant	d LE,		35	USC 154(b)	term ext. =	0 Day	ys.

TITLE OF INVENTION

ATTY'S DOCKET NO.

NVIIOS-01M4A7

ANTI-THE ANTIBODIES AND PEPTIDES OF HUMAN TUMOR NECROSIS FACTOR

APPLN, TYPE

BATCH NO.

FOC 000 400

1 10975-1009-1005 536-023.100 L) 88¢	DITELLA	NO \$1240.	00 06/22/ q :	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(e) and Customer Number are recommended, but not required.	(1) the name	ng on the patent front page as of up to 3 registered pa agents OR, atternatively	stent 1& Revnold	Brook, Smith	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	the name of member a r	a single firm (having registered attorney or ac	88 8 3901) 2		
. □ "Fee Address* indication (or "Fee Address* indication form PTO/SB/47) attached.	attorneys or a	es of up to 2 registered pa agents. If no name is listed printed.	d, no 3		
a ASSIGNEE WAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (per MEASEMENT) to making or incommendation of assignment data in only appropriate when are assignment has been proviously the PTO or is being submitted under responsation. Concentration of assignment has been proviously the PTO or is being submitted under responsation. Concentration of this term is NOT as filling an assignment. New York Unitversity, Centocory, (NAMEO FOR ASSIGNEE and New York Unitversity Medical	n the petent. submitted to substitue for Inc.	of Patents and Trad Sissue Fee Advance Order	# of Copies 15	_	
(B) RESIDENCE: (CITY & STATE OR COUNTRY) New York, New York; Malvern, Pennsylvania; New York, New York Pease check the appropriate assignee category indicate below (with not be printed on the Country of the Country o	40. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 08-0380 (ENCLOSE AN EXTRA COPY OF THIS FORM) EX issue Fee				
		Advance Order -		-	
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue	Fee to the ap	plication identified above	l.	- 88	
(Authorized Signature) Devide Souters (Date) May 1	16,2001				
NOTE; The issue Fee will not be accepted from anyone other than the applicant; a register or agent; or the assignee or other party in interest as shown by the records of the Patent and Tradement Office.			1		
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Tim depending on the needs of the individual case. Any comments on the amount of time to complete this form should be sent to the Chief Information Officer, Patent and T			00000163 09133119 1240 45		
Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commis Patanta, Washington D.C. 20231	AGOITOM1				
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a of information unless it displays a valid OMB control number.			1/2001 C:561		
TRANSMIT THIS F	ORM WITH	FEE		25,25	
PTOL-85B (REV.10-96) Approved for use through 06/30/99. OMB 0651-0033		Patent and To	redemark Office; U.S. DEI	PARTMENT OF COMMERCE	